

TESH – TELEHEALTH EDUCATION FOR SCHOOL HEALTH
CONTINUING EDUCATION ACTIVITY EVALUATION FORM

Nebraska DHHS Division of Public Health
School and Child Health Program

Activity Title: *Sexually-transmitted Diseases and Youth: Considerations for the School Nurse*

Date: *Nov. 15, 2012 (live)*

Activity No. **#31261**

If viewing on-demand recording: Date and Time: _____

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

		Disagree				Agree
Content						
1.	The content was interesting to me.....	1	2	3	4	5
2.	The content extended my knowledge of the topic.....	1	2	3	4	5
3.	The content was consistent with the objectives.....	1	2	3	4	5
4.	I will be able to apply this content in my work.....	1	2	3	4	5
5.	Objectives were consistent with purpose/goals of activity.....	1	2	3	4	5

Faculty/Presenter Effectiveness (Dr. Applegate):

1.	The presentation was clear and to the point.....	1	2	3	4	5
2.	The presenter demonstrated mastery of the topic.....	1	2	3	4	5
3.	The method used to present the material held my attention.....	1	2	3	4	5
4.	The presenter was responsive to participant concerns.....	1	2	3	4	5

Instructional Methods

1.	The instructional material was well organized.....	1	2	3	4	5
2.	The instructional methods illustrated the concepts well.....	1	2	3	4	5
3.	The handout materials given are likely to be used as a future reference.....	1	2	3	4	5
4.	The teaching strategies were appropriate for the activity.....	1	2	3	4	5

Learner Achievement of Objectives

1.	Review predominant STDs/STIs of interest: chlamydia, gonorrhea, genital warts, human papilloma virus.	1	2	3	4	5
2.	Identify related issues facing the adolescent needing medical treatment for STD/STI.	1	2	3	4	5
3.	Discuss key messages regarding sexual health appropriate for the school-aged adolescent.	1	2	3	4	5

Knowledge Level Self-Assessment: On a scale of 1 (low) to 5 (high),

My knowledge level of this topic prior to the learning event: _____

My knowledge level of this topic following the learning event: _____

Comments:

Suggestions for Future TESH Programs:

**Complete this portion only if you viewed our event “live” on the
NEBRASKA STATEWIDE TELEHEALTH NETWORK:**

1. Location where you are attending this telehealth session:
2. How many persons are attending at your location today?
3. Please evaluate your satisfaction with telehealth learning today.
5 = highly satisfied 4= satisfied 3 = neutral 2 = dissatisfied 1 = highly dissatisfied
 - a. The use of the telehealth system was conducive to my learning. _____
 - b. The picture quality _____
 - c. The sound quality _____
 - d. I am very likely to use telehealth again for my professional learning needs. _____
4. If you were not satisfied with telehealth today, please describe the issues/problems/technical difficulties you faced so we can correct them:

**Complete this portion only if you viewed our recorded event at
WWW.ANSWERS4FAMILIES.ORG :**

1. Please evaluate your satisfaction with web-on-demand learning.
5 = highly satisfied 4= satisfied 3 = neutral 2 = dissatisfied 1 = highly dissatisfied
 - a. The use of web-on-demand access to the TESH recording was conducive to my learning _____
 - b. The picture quality _____
 - c. The sound quality _____
 - d. I am very likely to use web-on-demand on www.answers4families.org again for my professional learning needs _____
2. If you were not satisfied with our web-on-demand option, please describe the issues/problems/technical difficulties you faced so we can correct them:
3. Your signature and the date below affirm and serve as your attestation that you viewed the program named in entirety and met all criteria for awarding of contact hours for completion of the educational event.

Nurse signature

Date

THANK YOU! Return your completed evaluation and sign-in sheet to the DHHS School and Child Health Program, c/o Kathy Karsting, RN. Fax:402-471-7049; email kathy.karsting@nebraska.gov; snail mail P.O. Box 95026 Lincoln NE 68509-5026.